

# HHS/CDC Global AIDS Program (GAP) in Malawi – FY 2003



## About the Country of Malawi

**Capital City:** Lilongwe

**Area:** 118,500 sq km (45,753 sq mi)

**Population:** 11.6 million

## The HIV/AIDS Situation in Malawi

**HIV Infected:** 900,000<sup>1</sup>

**AIDS Deaths:** 87,000<sup>1</sup>

**AIDS Orphans:** 380,000<sup>2</sup>

Malawi's HIV infection rate is high compared to other countries, though similar to many countries in the region. In 2003, it was estimated that 14.4%<sup>1</sup> of adults aged 15 to 49 years were infected with HIV. The estimate for new HIV infections in the total population in 2003 was approximately 110,000<sup>2</sup>. Over 70% of hospital beds are occupied by people with HIV/AIDS-related conditions. Surveys of tuberculosis (TB) patients show that approximately 70% are co-infected with HIV<sup>3</sup>. Life expectancy was estimated to have been over 55 years without AIDS, but has dropped to 40 years as a result of AIDS<sup>2</sup>. The HIV infection level among younger females 15 to 24 years of age is approximately four times higher than in same-aged males, while the infection levels in older males are higher than in older females<sup>2</sup>. Malawi faces a critically short supply of public health workers, health care providers, facilities, equipment, transportation, and medicines.

## About the Global AIDS Program in Malawi

**Year Established:** 2001

**FY 2003 Budget:** \$2.43 millions USD

**In-country Staffing:** 3 CDC Direct Hires; 10 Locally Employed Staff<sup>4</sup>

## Program Activities and Accomplishments

In FY 2003, GAP Malawi achieved the following accomplishments in the highlighted areas:

### HIV Prevention

- Provided financial and technical assistance to the National AIDS Council (NAC) to develop a national voluntary counseling and testing (VCT) guidelines, a national VCT expansion plan, national training materials for counseling and HIV rapid testing, and a VCT site management supervision.
- Collaborated with the Ministry of Health (MOH) and the United Nations Joint Programme on HIV/AIDS (UNAIDS) to support VCT implementation in 15 District and Christian Hospitals and pilot VCT at one Banja La Mtsogolo (BLM) site. GAP Malawi also provided financial and

<sup>1</sup> Malawi National HIV/AIDS Estimates 2003; Technical Report, NAC 2004.

<sup>2</sup> HIV/AIDS in Malawi; 2003 Estimates and Implications, NAC 2004.

<sup>3</sup> Report of a Country-wide survey of HIV/AIDS service in Malawi, MOH and NAC, 2004.

<sup>4</sup> Figure represents a May 2004 census taken by GAP staff; staffing subject to change.

technical assistance to MACRO, the largest VCT provider in Malawi, to maintain and improve quality assurance for counseling and testing. Technical assistance was also provided to conduct and write a situational analysis of all VCT providers in Malawi.

### **HIV/AIDS Care and Treatment**

- Provided support to Lighthouse to provide a continuum of HIV care including VCT, facility-based HIV treatment, and home-based care. GAP Malawi also provided support to Lighthouse to extend its successful model to other institutions through creative training approaches.
- Provided technical and editorial input for National Antiretroviral (ARV) Guidelines.

### **Surveillance and Infrastructure Development**

- Provided financial and technical support for the annual sentinel surveillance survey and the development of national estimates from this data.
- Continued NAC funding and awarded a new cooperative agreement to the MOH to fund surveillance activities in an effort to accomplish smooth transition of surveillance resources and responsibilities from NAC to the MOH.
- Collaborated with NAC to produce a 2-day seminar on behavioral surveillance to educate Malawi partners to enable them to make more informed choices.
- Completed the Priorities for Local AIDS Control Efforts (PLACE) protocol in a high HIV prevalence district in collaboration with NAC, the Center for Social Research at the University of Malawi, and Tulane University to identify places where people meet their sexual partners and to provide immediate feedback to prevention agencies working in that district.
- Served as the lead agency for Monitoring and Evaluation and HIV Surveillance in the Joint Review of the National Strategic framework and NAC.
- Developed plans with the MOH, CDC/National Center for Infectious Diseases/Division of AIDS, STD, and TB Laboratory Research staff and CDC/Public Health Practice Program Office staff to conduct national evaluations of seven HIV rapid test and three HIV Eliza Immuno Assays (EIAs).
- Procured and planned for the installation of a computer network at the Community Health Science Unit of the MOH to provide computer support and Internet connectivity to the Epidemiology Unit and to the National HIV Reference Lab.
- Developed plans with I-TECH to assist Lighthouse with completion of an HIV/AIDS clinical training curriculum.
- Supported improvements in management of the National Tuberculosis Control Program (NTP) through training of trainers in PHPPO's Management in International Public Health program. Field support for training and supervising TB officers throughout the year produced impressive improvements in TB case management.
- Supported training for promising and strategically placed individuals to attend various CDC trainings in VCT, surveillance, epidemiology, cooperative agreement management, and lab strengthening.

### **Challenges**

- Primary responsibility for implementing HIV/ AIDS activities was transferred from NAC back to the MOH in 2003; however, the finances remained with NAC. The HIV/AIDS unit in the MOH is new and reorganizing, and the implementation of HIV/AIDS activities has been slow. In addition, there is a lack of capacity and inadequate human resources, which results in difficulties, conflicts, delays, and resistance to move on critical technical activities.

**Last Updated August 2004**